

**MULTIPLE DEPENDENT CLAIMS
PER CLAUSTRATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER INTERVENTION		AFTER RE-INTERVENTION	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
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DEP.						

CLAIMS

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